

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="font-size: 24pt; text-align: center;">8</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Diana</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Leggett</div>			OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; margin: 10px auto; width: 80%;"> RECEIVED APR 26 2019 City Manager's / City Secretary's Office </div>	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1019 Aileen St Denton TX 76201</div> <div><input type="checkbox"/> Change of Address</div>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(940) 453-4936</div>			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Lisa</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Hafer</div>			Receipt # Amount \$	
	Date Processed			Date Imaged	
	Date Imaged			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2612 Stillwater Court Flower Mound TX 75022</div>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(972) 393-6923</div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.2em;">03 / 26 / 2019</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.2em;">04 / 24 / 2019</div> </div> </div>				
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 04 / 2019</div> </div> <div style="flex: 2;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div> </div> </div>				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Denton City Council District 3</div>		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Diana Leggett 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

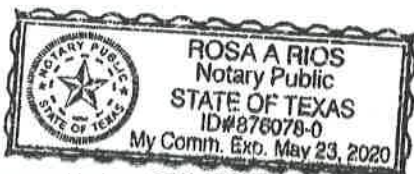
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 320.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1040.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 150.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 3725.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5081.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Diana Leggett, this the 26th day of April, 20 19, to certify which, witness my hand and seal of office.

Rosa A. Rios Rosa A. Rios Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Diana Leggett***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1040.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 280.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3725.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Diana Leggett

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/19

5 Full name of contributor

Hector Lomelin

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

6020 English Manor Denton TX 76210

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/19

Full name of contributor

Norm Pomerance

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3501 Bentley Court Denton TX 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/19

Full name of contributor

Ed Soph

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1620 Victoria Dr Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/19

Full name of contributor

Rahna Ramey

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2316 Houston Place Denton TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Diana Leggett</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>35.00</u>	
5 Date <u>3/27/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Cheri Kennedy</u>	8 Amount of Contribution \$ <u>\$ 105.00</u>	9 In-kind contribution description <u>postcard stamps</u>
7 Contributor address; City; State; Zip Code <u>3433 Crisoforo Drive Denton TX 76201</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>4/22/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Cheri Kennedy</u>	Amount of Contribution \$ <u>\$ 140.00</u>	In-kind contribution description <u>postcard stamps</u>
Contributor address; City; State; Zip Code <u>3433 Crisoforo Dr Denton TX 76201</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME

Diana Leggett

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4/8/19

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Diana Leggett

9 Loan Amount (\$)

\$2000.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

1019 Aileen St Denton TX 76201

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Diana Leggett		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/29		5 Payee name VistaPrint			
6 Amount (\$) \$259.98		7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/4/19		Payee name Ed Steele Photography			
Amount (\$) \$162.38		Payee address; City; State; Zip Code 321 W. Oak St #100 Denton TX 76201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/27/19		Payee name Summit Printing			
Amount (\$) \$1152.52		Payee address; City; State; Zip Code 800 E. 101 Terr Suite 350 Kansas City MO 64131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">2</div>	2 FILER NAME <div style="font-size: 1.2em;">Diana Leggett</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">4/8/19</div>	5 Payee name <div style="font-size: 1.2em;">Kitchen Table Consulting</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$ 2000.00</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">125 Marseille Dr Hurst TX 76054</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Consulting expense</div> </div> <div style="width: 50%;"> (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 25%;">Office sought</div> <div style="width: 30%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete ONLY if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 25%;">Office sought</div> <div style="width: 30%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete ONLY if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 25%;">Office sought</div> <div style="width: 30%;">Office held</div> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED